

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/01/2019 16:28
Date Of Accident	31/12/2018 21:00
Exact Location Of Accident	CHIN SWEE RD / OUTRAM RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFR3061M
Insured/Policyholder	
Name Of Registered Owner	NG BEOW LUAN
NRIC No	S0132277Z
Email Address	NG_BEOW_LUAN@MOE.EDU.SG
Mobile Phone No	(LOCAL) +65-98259565
Alternative Phone No	OFFICE-98259565

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5041233788-08
Cover Note Number	

Driver

Name of Driver	NG BEOW LUAN
NRIC No	S0132277Z
Date Of Birth	03/05/1954
Occupation	INDOOR
Date Of Driving Pass	11/02/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98259565
Fax Number	
Contact Number	OFFICE-98259565
Email Address	NG_BEOW_LUAN@MOE.EDU.SG

Address	51 JURONG EAST AVE 1 #16-05
Postcode	609782
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLANS

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

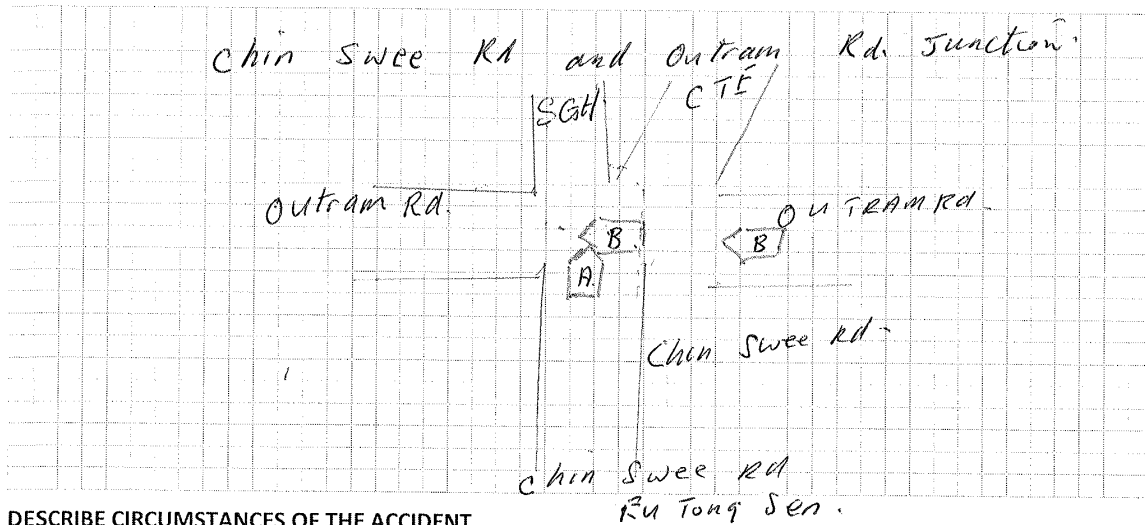
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP8781Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report A

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Mr →

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

NRIC/FIN No.:

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of NG BEOW LUAN

License Number: **S0132277Z**

Name: **NG BEOW LUAN**

Birth Date: **03 May 1954**

Issue Date: **17 Dec 2007**

Barcode: 001553044D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0132277Z

Portrait photo of NG BEOW LUAN

Name: **NG BEOW LUAN**

Chinese Name: **黄 妙 媛**

Race: **CHINESE**

Date of birth: **03-05-1954**

Sex: **F**

Country/Place of birth: **SINGAPORE**

Barcode: S0132277Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg

PASS DATE: **11 Feb 1978**

NP 428A

Barcode: Licence No: S0132277Z

5929107

Barcode

NRIC No: **S0132277Z**

Fingerprint

Date of issue: **04-05-2018**

Address: **51 JURONG EAST AVENUE 1
#16-05
SINGAPORE 609782**



**SINGAPORE
POLICE FORCE**



T/20190101/2088

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190101/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2019 18:52		Vide Report No.:		Station Diary No.: 79
Informant's Particulars				
Name of Informant: NG BEOW LUAN		Address: 51 JURONG EAST AVENUE 1 #16-05 SINGAPORE 609782		
ID Type / ID No.: NRIC NO / S0132277Z		Contact No.: Home/Office: Mobile: 98259565		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 64	Date of Birth: 03/05/1954	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: PART TIME TEACHER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/12/2018 21:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CHIN SWEE ROAD OUTRAM ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFR3061M	Car	TOYOTA	CAMRY 2.0	Gold	Slightly Damaged	0
SJP8781Z	Car	TOYOTA	CAMRY		Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFR3061M	NTUC Income Insurance Co-Operative Limited	5041233788-08	26/01/2018	25/01/2019



**SINGAPORE
POLICE FORCE**



T/20190101/2088

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190101/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG BEOW LUAN	ID No.	S0132277Z
Related Vehicle	SFR3061M (Car)	Contact No.	98259565
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/01/2019	Date Discharge	01/01/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	TAN BENG TIONG	ID No.	S004652D
Related Vehicle	SJP8781Z (Car)	Contact No.	92967738
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31.12.2018 at about 2100hrs, I was stationary at the junction of Chin Swee Road and Outram Road as the traffic light was red. It was a three-laned road at the said junction and I was at the middle lane. When the traffic light had turned green, the vehicle on my left had started moving off and followed by the vehicle on my right. Shortly after the vehicle on my right had moved off, I had moved off however suddenly, a vehicle had dashed across the road from my right which is along Outram Road.

As it happened too sudden and the said vehicle was too fast, the said vehicle had banged onto the front of my vehicle. I had alighted from my vehicle, I noticed that my registration plate had been dislodged and there are scratches on the front bumper. I had immediately called for the police. I had also exchanged particulars with the other party who was driving a Toyota vehicle bearing registration number: SJP8781Z. Both the passenger door on the left side was dented inwards and the window are scattered.

Subsequently the traffic police and ambulance had arrived, none of us had followed the ambulance. However, I am unsure of the incident number. I had then drove my vehicle back home and went to the National University Hospital as I felt discomfort on the right side of my body and also strain on my neck. I was also given 2 days medical leave by the doctor.

I wish to state that I have an in-built camera in my vehicle, the footage had showed clearly that the traffic light was green when I had moved off.



**SINGAPORE
POLICE FORCE**



T/20190101/2088

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190101/2088


CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
D /
Sgt 3 CATHERINE CHOY CHI CHING 

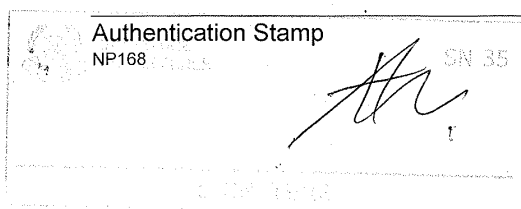
Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
01/01/2019 18:52

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

